

supplier disclosure form

D 3.8.3

Company name: _____
Street Address: _____
Postal Code / ZIP: _____
City: _____
Country: _____
Contact: _____
Telephone: _____
Fax: _____
E-mail Address: _____
Homepage: _____
Legal form: _____
Commercial Register.: _____
Established: _____

Turnover (year ____) : _____ €
Turnover (year ____) : _____ €
Turnover (year ____) (planned): _____ €

Number of Employees _____

Number of Employees

- Quality Assurance / Management _____
- Construction / Development _____
- Production _____
- Administration _____
- Environmental Protection _____
- Safety _____

Manufacturer / Dealer :

- Manufacturer
- Dealer

- Subcontractor
- Services

Quality Management System:

- we don't have
- not certified

- we have
- certified

Certificate:

Valid till :

Please attach copy of certificate.

Environmental Management System:

- we don't have
- not certified

- we have
- certified

Certificate:

Valid till :

Please attach copy of certificate.

Safety Management System:

- we don't have
- not certified

- we have
- certified

Certificate:

Valid till :

Please attach copy of certificate.

Do you have a product liability insurance ?

- Yes
- Please attach copy of policy.

- No

Do you have a public liability insurance ?

- Yes
- Please attach copy of policy.

- No

Manufacturing site:
(Company name, city, country)

Your portfolio / product range:

city, date

signature